The clinical placement plan (section 3) should be completed at the start of the training placement. The feedback clinical placement review (CPR) (section 4) should be completed at the end of the placement or after 26 calendar weeks of training (whichever is sooner), which includes the training program checklist for record of the assessments and courses completed during the CPR period. If more space is required than has been provided, please attach additional comments on a separate page.

The nominated Diving and Hyperbaric Medicine (DHM) supervisor of training should be available to provide support and advice to the trainee during the placement, and must sign the completed CPR form with the checklist before it is submitted to the College. The form must be submitted to the College within 10 days of the review meeting. Training time will only be approved upon receipt of the review form. The training requirements completed as per the checklist submitted will be stored in the trainee College training records.

1 TRAINEE INFORMATION

ANZCA ID: __________
Name: _____________________________

2 TRAINING DETAILS

To be completed by the DHM supervisor of training,

Training Unit: ____________________________ Supervisor: ____________________________

Full time equivalent (FTE): ☐ Full time ☐ Part time

If part-time, ____________ FTE (minimum requirement 0.2 FTE)

Review period start date: ____________

Expected review period end date: ____________

3 CLINICAL PLACEMENT PLAN

To be completed by the trainee and discussed with the DHM supervisor of training at a meeting at the start of the placement.

Based on previous clinical placements (if any) and opportunities this current placement will provide, which aspects of the ANZCA Advanced DHM Curriculum do you intend to focus on?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What volume of practice (VOP) cases do you specifically plan to achieve?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Which workplace-based assessments (WBAs) are you intending to complete? [i.e. Clinical assessment (CSA), Management plan assessment (MPA), Case-based discussion (CbD), Multi-source feedback (MsF)]

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Are you intending to complete a course this placement?  
☐ Yes  ☐ No

If yes,  ☐ Diving Medicine  ☐ Hyperbaric Medicine  ☐ Advanced Life Support

Is there anything else you wish to achieve by the end of the placement?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Notes/updates to plan during the placement.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

The trainee must keep this plan in his/her portfolio and provide it to the DHM supervisor of training for completion at the Feedback CPR.

4 FEEDBACK CPR

To be completed at the end of the placement/after 26 calendar weeks (whichever is sooner) by the DHM supervisor of training after review of the logbook and training portfolio.

Clinical placement
Start date: ____________ End date: ____________

Number of weeks of training (FTE) completed during this placement (excluding leave): _______________________________

Total number of weeks of training (FTE) completed to date (excluding leave): _______________________________

Are there any aspects of the clinical placement plan that the trainee did not achieve and why?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
### VOLUME OF PRACTICE

Refer to DHM placement VOP logbook and record total VOP logged for this placement.

<table>
<thead>
<tr>
<th>VOP</th>
<th>Total logged this placement</th>
<th>SOT initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of a patient for routine therapy</td>
<td></td>
<td></td>
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<tr>
<td>Assessment of an emergency patient</td>
<td></td>
<td></td>
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<tr>
<td>Interpretation of transcutaneous oxygen measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation of tympanometry</td>
<td></td>
<td></td>
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<tr>
<td>Supervision of routine treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation for and supervision of the treatment of a critically ill, intubated and ventilated patient*</td>
<td></td>
<td></td>
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<tr>
<td>Planning of dressing regimen for chronic wound management</td>
<td></td>
<td></td>
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<tr>
<td>Assessment of fitness to dive (recreational or occupational diving) or hyperbaric attendance</td>
<td></td>
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<tr>
<td>Assessment of a diver for diagnostic or therapeutic purposes (including any pre-hospital advice and treatment)</td>
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<tr>
<td>Supervision of initial recompression for decompression illness (DCI)</td>
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<tr>
<td>Counselling following treatment for DCI/cerebral arterial gas embolism (CAGE)</td>
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<tr>
<td>Assessment and treatment of barotrauma</td>
<td></td>
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<tr>
<td>Measurement of visual acuity or refraction error during or after hyperbaric oxygen therapy (HBO) treatment to assess the development of hyperoxic myopia and counselling</td>
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<td></td>
</tr>
<tr>
<td>Treatment of hyperoxic seizure*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency chamber access for resuscitation*</td>
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</tbody>
</table>

* indicates practice may be simulated.

Is the trainee making satisfactory progress with VOP requirements?

☐ Yes  ☐ No

### WORKPLACE-BASED ASSESSMENT

<table>
<thead>
<tr>
<th>WBA type i.e. CSA, MPA</th>
<th>WBA Description Refer to WBA requirements for minimum assessments</th>
<th>SOT initials</th>
</tr>
</thead>
<tbody>
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</table>
Is the trainee making satisfactory progress with WBA requirements?

☐ Yes  ☐ No

Has the trainee actioned feedback provided via formative WBAs?

☐ Yes  ☐ No

**COURSES**

*If the trainee has completed all course requirements in previous placements, you may leave this section blank.*

<table>
<thead>
<tr>
<th>Course requirement</th>
<th>Date completed</th>
<th>Location</th>
<th>SOT initials</th>
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Areas that still need supervisory input:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Suggestions for gaining greater independence:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Aspects from the clinical placement plan that need to be carried over to the next CPR:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
5  GLOBAL ASSESSMENT

To be completed by the DHM supervisor of training

Overall the trainee is meeting expectations of training:

☐ Yes  ☐ Borderline  ☐ No

Comments to support rating indicated above:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

6  TRAINEE RESPONSE

I have sighted this form; have discussed the assessment with my DHM supervisor of training; and am aware that this assessment, including the requirements completed to date, will form part of my training record.

Trainee comments:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Trainee’s signature: ___________________________________________  Date: __________

7  SUPERVISOR OF TRAINING DECLARATION

I hereby verify that the information provided on this form pertains to the placement which is the subject of this review, and is an accurate summary of requirements completed, supported by evidence provided by the trainee in their placement logbook, program logbook and portfolio. This assessment has been informed by the sources as stated, and the assessment has been discussed with the trainee.

Supervisor’s signature: ___________________________________________  Date: __________

Supervisor name: _______________________________________________